

PROFESSIONAL MEDICAL AND SUPPORTING STAFF

STAFFING FOR ADMINISTRATION OF THE
MEDICAID PROGRAM

The following kinds and numbers of professional and supporting staff are utilized in the administration of the program:

1. Professional Staff

- A. A Director to direct and supervise the statewide administration of the Medicaid program as authorized under Federal law and the State Century Code.
- B. An Assistant Director who will help the Director to direct and supervise the Medicaid Program and also supervise the claims processing, provider relations, and institutional care.
- C. A Director of Utilization Management who administers all utilization review/control and disease management functions plus the fraud abuse/third party liability and pharmacy units.
- D. A full-time registered pharmacist responsible for the drug program including provider relationships, pricing control and utilization review.
- E. A full-time staff person who administers the statewide institutional payment process to include case mix design rate equalization, level of care, preadmission screening and resident reviews, and general payment policy for long term care and diagnosis related payment and other payment policies for hospital services.
- F. A full-time registered nurse to administer the operational and educational components of the case mix system including the development of programs and mechanisms to assure and maintain the responsiveness and effectiveness of the payment system; training and certification of over 800 professional nurses; administering the state preadmission assessment program for all residents seeking admission to nursing facilities in North Dakota and the level I process for the federal preadmission screening and resident review program.
- G. A full-time staff person who assists in the management of the hospital and nursing home payment systems.
- H. A full-time registered nurse to administer the state review team for determination of eligibility based on medical need plus assists with other utilization review functions within the Division.
- I. A full-time staff person who administers all aspects of managed care including the HMO contract and the Primary Care Case Management

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Programs.

- J. A full-time registered nurse who assists the physician consultant in utilization review and prior authorization activities including out-of-state services, durable medical equipment, mental health services, home health services, and other medical services.
- K. A full-time staff person who is responsible for the SUR/S module of MMIS; coordination of the Medicaid fraud and abuse regulations and third party liability identification and collection.
- L. A full-time staff person who is responsible for the Health Tracks (EPSDT) Program and other services related to children and pregnant women.
- M. Seven full time outstationed Health Tracks coordinators who assist in the screen and referral process to ensure that children receive appropriate and timely preventive health services.
- N. A part-time physician consultant who participates in utilization review activities including prior authorization and claims processing review; provides input in the development of policies relating to program limits and medical necessity requirements; assists in review of potential fraud and abuse type cases and provides other consultative services related to the operation of the Medicaid Program.
- O. A part-time dental consultant who reviews the dental program for appropriate utilization; approval or denial of services that require prior authorization; and review claims for appropriate utilization of services.
- P. A part-time optometrist who serves as consultant to the department in matters concerning utilization of optometric services including utilization review and prior authorization of services.
- Q. Two full-time analysts who review MMIS SUR/S module output reports for identification of potential fraud and abuse and assist in the identifiable and tracking of lock-in recipients.
- R. One full-time staff person who specializes in TPL activities.
- S. A full-time staff person who is responsible for assisting in the administration of the long term care program.
- T. A full time staff person who establishes eligibility for the Health Steps Program (SCHIP).

2. Supporting Staff

- A. Three full-time secretaries and one student trainee who provide stenographic services to central office based staff.

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3. Claims Processing Staff

- A. One full-time claims supervisor and one assistant who are responsible for the supervision of all claims processing activity and staff.
- B. Eleven full-time staff who process suspended claims that are rejected by the MMIS automated claims processing module.
- C. Two full-time provider relations staff who handle all payment related questions and interpret policy.

4. Eligibility Staff Supervision for Medicaid eligibility policy is provided by the administrator of Economic Assistance Policy who also reports directly to the Executive Director.

- A. A full time supervisor who manages all aspects of Medicaid eligibility including developing and monitoring policy and procedures and supervising and training of local eligibility staff.
- B. Two full-time eligibility specialists and one full time staff person who assists the specialists in determining appropriate policies and procedures and then produce, clear and concise information, instructions, and training for county social service boards to use in determining eligibility or ineligibility for aged, blind and disabled individuals, and pregnant women and children, and families who apply for Medicaid.

5. Eligibility Staff - Regional and Local

- A. Regional Representatives of Economic Assistance - Six individuals who are responsible for the supervision of Medicaid and cash assistance programs at the county social service board level, primarily in relation to eligibility policies.
- B. County Directors - Responsible for individual or multi-county agency operations and directly or indirectly supervising eligibility technician staff responsible for Medicaid eligibility determinations.
- C. Eligibility Technicians - are responsible for direct eligibility determinations at the local level which includes obtaining applications, budgeting, redetermination of eligibility and providing information via program brochures and verbal communication to all Medicaid applicants/recipients.
- D. Local Supporting Staff - Clerical staff assigned, as necessary, to issue payment vouchers to Medicaid providers who provide services to eligible recipients.

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